

# STATE OF MAINE

## RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS

### APPLICATION FOR LICENSURE

- Radiologic Technologist
- Temporary Radiologic Technologist
- Special Permit in Nuclear Medicine



Department of Professional and Financial Regulation  
Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626  
Office Facsimile: (207) 624-8637  
TTY/HEARING IMPAIRED (888) 577-6690  
Email: [jennifer.l.mooney@maine.gov](mailto:jennifer.l.mooney@maine.gov)

Office located at: 122 Northern Avenue, Gardiner, Maine

## APPLICATION INSTRUCTIONS FOR LICENSURE

Enclosed are all relevant materials for licensure with the Radiologic Technology Board of Examiners. Please read all the information carefully.

All material pertaining to an application must be received by the Board within a span of no more than six months. Any application received which remains incomplete for more than six months will be disposed of. Candidates whose applications have been incomplete for more than six months will be required to submit **new** application materials if they seek licensure.

All name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure.

### **ALL APPLICATIONS SHOULD BE MAILED TO THE FOLLOWING ADDRESS:**

Department of Professional & Financial Regulation  
Radiologic Technology Board of Examiners  
35 State House Station  
Augusta, ME 04333-0035

### **IF USING AN OVERNIGHT DELIVERY SERVICE, PLEASE USE THE FOLLOWING ADDRESS:**

Department of Professional & Financial Regulation  
Radiologic Technology Board of Examiners  
122 Northern Avenue  
Gardiner Annex  
Gardiner, ME 04345

## **TWO PATHWAYS TO FULL LICENSURE AS A RADIOLOGIC TECHNOLOGIST:**

Individuals who have successfully completed an accredited course of study in radiography, nuclear medicine technology or radiation therapy technology, who possess current national certifications, or have passed the required examination (radiography and radiation therapy only) are eligible to apply for full licensure.

**PATHWAY 1: STANDARD APPLICATION:** A completed application for full licensure as a Radiologic Technologist shall include the following:

- ☐ Completed and signed application (complete parts 1, 3, 4, 6 and 7); (All applicants must complete Part 4; however, individuals applying for full licensure are not required to obtain the program director's signature.)
- ☐ **Fees:** All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
  - \$50 Application Fee
  - \$50 License Fee
  - \$15 Criminal History Records Check Fee
- ☐ Documented proof of valid ARRT or NMTCB national certification (copy of wallet card accepted), or evidence of passing required exam (radiography and radiation therapy only); and
- ☐ Documented proof of JRCERT (radiography/radiation therapy) or JRCNMT (nuclear medicine) accredited course of study.

**PATHWAY 2: APPLICATION BY RECIPROCITY:** A completed application for full licensure as a Radiologic Technologist shall include the following:

- ☐ Completed and signed application (complete parts 1, 3, 4, 6 and 7); (All applicants must complete Part 4; however, individuals applying for full licensure are not required to obtain the program director's signature.)
- ☐ **Fees:** All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
  - \$50 Application Fee
  - \$50 License Fee
  - \$15 Criminal History Records Check Fee
- ☐ Documented proof of valid ARRT or NMTCB national certification (copy of wallet card accepted), or evidence of passing required exam (radiography and radiation therapy only); and
- ☐ Completed Verification of Licensure in Another State. (See attached form)

## **SPECIAL PERMIT IN NUCLEAR MEDICINE**

Please review Chapter 1 § 5(B)(2) of the Board's Rules regarding the requirements for obtaining a Special Permit in Nuclear Medicine.

The Special Permit in Nuclear Medicine shall be issued for a period not to exceed one year. The applicant will be required to take the next scheduled examination and the license will stay in effect until the results of the examination are known. Applications for state examination may be obtained from the Board.

A completed application for a Special Permit in Nuclear Medicine shall include the following:

- ☐ Completed and signed application (complete parts 1, 3, 4, 6, and 7); (All applicants must complete Part 4; however, individuals applying for a Special Permit in Nuclear Medicine are not required to obtain the program director's signature.)
- ☐ **Fees:** All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment;
  - \$50 Application Fee
  - \$50 License Fee
  - \$15 Criminal History Records Check Fee
- ☐ Documented proof of valid NMTCB national certification (copy of wallet card accepted); and
- ☐ Submit a letter from your chief technologist that states the need to issue a special permit to you and recruitment documentation. This documentation shall be copies of newspaper advertisements and/or explanation of recruitment problems.
- ☐ Submit a letter from the Nuclear Medicine Technologist stating that you will be under his/her direct supervision while holding a Special Permit as a Nuclear Medicine Trainee.

## **TEMPORARY LICENSURE AS A RADIOLOGIC TECHNOLOGIST**

Individuals who have successfully completed, or be about to complete within one month, a program approved by the Board specific to the license application may apply for temporary licensure. Individuals who possess current national certifications are not eligible for temporary licensure.

Applicants for temporary licensure must make a separate application for each hiring office or institution at which he or she is to be employed; however, only one application fee is required.

A completed application for temporary licensure as a Radiologic Technologist shall include the following:

- ☐ Completed and signed application (complete parts 1, 2, 4, 5, 6 and 7);
- ☐ **Fees:** All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment; and
  - \$50 Application Fee
  - \$10 License Fee
  - \$15 Criminal History Records Check Fee

## **CHANGE OF STATUS FROM TEMPORARY LICENSURE TO FULL LICENSURE**

A completed application for change of status from temporary licensure to permanent licensure shall include the following:

- ☐ Completed and signed application (complete parts 1, 3, 4, 6 and 7). (All applicants must complete Part 4; however, individuals applying for full licensure are not required to obtain the program director's signature);
- ☐ **Fees:** All Checks/Money Orders should be made payable to the "Treasurer, State of Maine". If paying using a credit card please use the Credit Card form at the end of the application. All Fees can be in one payment; and
  - \$50 License Fee
- ☐ Documented proof of valid ARRT or NMTCB national certification (copy of wallet card accepted), or evidence of passing required exam (radiography and radiation therapy only).



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DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Radiologic Technology Board of Examiners**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035  
OFFICE PHONE (207) 624-8626  
TTY/HEARING IMPAIRED (888) 577-6690

| Office Use Only |      |      |
|-----------------|------|------|
| License #       |      |      |
| Cash #          |      |      |
| Check #         |      |      |
| 4430            | 1421 | \$50 |
| 4430            | 1422 | \$10 |
| 4430            | 1425 | \$50 |
| 4430            | 1446 | \$50 |
| 4430            | 2619 | \$15 |

JOHN ELIAS BALDACCI  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

APPLICATION TYPE: ☐ Standard ☐ Reciprocity

APPLICATION FOR: ☐ Full License (1421) ☐ Temporary License (1422) ☐ Special Permit in Nuclear Med. (1425)

CATEGORY: ☐ Radiography ☐ Radiation Therapy ☐ Nuclear Medicine

**Notice regarding Social Security Number Disclosure**

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

**Notice regarding Public Information**

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

**PART I (PLEASE TYPE OR PRINT CLEARLY IN INK)**

Name: \_\_\_\_\_  
First Middle Last Maiden

Any other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or PO Box County

\_\_\_\_\_  
City/town State Zip code

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



PRINTED ON RECYCLED PAPER

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GARDINER, MAINE

FAX: (207)624-8637

**PART II**      **PLACE OF EMPLOYMENT AS A TEMPORARY RADIOLOGIC TECHNOLOGIST**

Hiring Office or Institution: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

**Signature and title of Licensed Practitioner responsible for Applicant's Supervision (Temporary applicant's only):**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**PART III**      **PRESENT STATUS (Enter registry or certificate number where applicable.)**

|   | Nuclear Medicine | Radiation Therapy | Radiography |
|---|------------------|-------------------|-------------|
| A.R.R.T                                 | _____            | _____             | _____       |
| N.M.T.C.B                               | _____            | _____             | _____       |
| Licenses held in other states/countries | _____            | _____             | _____       |

**PART IV**      **EDUCATION IN RADIOLOGIC TECHNOLOGY**

Name of School and Program: \_\_\_\_\_

Program must be accredited by JCERT (radiography/radiation therapy) or JCRNMT (nuclear medicine)

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

Type of Diploma: Degree \_\_\_\_\_ Certificate \_\_\_\_\_ Date Awarded \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_

**All applicants must complete the section**, however, the signature of the program director is only required for individuals who are applying for temporary licensure.

**PART V**      **FULL LICENSURE EXAMINATION** (Please check the appropriate category and include the date you will be sitting for your examination.)

Category:    ☐ **Radiography**    ☐ **Radiation Therapy**    ☐ **Nuclear Medicine**

Date of Examination: \_\_\_\_\_

If eligible for the national certification examination, you must apply **directly** to either the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB).

## **CRIMINAL HISTORY RECORDS CHECK PROCEDURE**

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

### **PART VI**      **ARREST AND CONVICTION INFORMATION**

Have you ever pled guilty to, pled no contest to, or been found guilty of any crime? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please attach a separate sheet and describe in detail the crime(s) and submit a copy of the court judgement(s) as well as a letter from you explaining the circumstances surrounding your conviction.

### **PART VII**      **AGREEMENT**

I do hereby agree to abide by the Maine Laws and Regulations pertaining to Radiologic Technology. I declare that all information appearing on this application is accurate and true to the best of my knowledge and belief.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



JOHN ELIAS BALDACCI  
GOVERNOR

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DIRECTOR



### AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

|  |               |  |
|--|---------------|--|
| <b>Name:</b><br>(applicant fees being paid for)            |               |  |
| <b>Mailing Address:</b><br>(applicant fees being paid for) |               |  |
| <b>City:</b>   | <b>State:</b> | <b>Zip Code:</b>                         |
| <b>County:</b>   |               | <b>Telephone #:</b> (____) _____ - _____ |
| <b>Name of cardholder:</b><br>(if other than applicant)    |               |  |
| <b>Mailing Address:</b><br>(if other than applicant)       |               |  |
| <b>City:</b>   | <b>State:</b> | <b>Zip Code:</b>                         |

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard \_\_\_\_\_ **Card number**

**Expiration date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **in the amount of: \$** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



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DIRECTOR

## VERIFICATION OF LICENSURE IN OTHER STATE

### Directions to applicant:

Complete front portion of form and forward one to the state where you hold a current license to practice Radiologic Technology.

To: \_\_\_\_\_ I am applying for a license in the State of  
State Board

Maine to practice as a \_\_\_\_\_. I was granted license # \_\_\_\_\_

license type \_\_\_\_\_ on \_\_\_\_\_ by the State of \_\_\_\_\_.

The Maine Radiologic Technology Board of Examiners requests that I submit verification that my license in the State of \_\_\_\_\_ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Maine Radiologic Technology Board of Examiners. Your early attention is appreciated.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Because some States charge a fee to complete this form, you should check with each State before mailing.



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**(To be completed by State)**

**DIRECTIONS TO STATE BOARD:** Please complete and return form to the following address:

**MAINE RADIOLOGIC TECHNOLOGY BOARD OF EXAMINERS  
#35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035**

Name of Licensee: \_\_\_\_\_ License Type: \_\_\_\_\_

License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

License Current: Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Exam Taken: \_\_\_\_\_ Date Exam Passed: \_\_\_\_\_

If no exam was taken, how was license obtained?

1. Grandfathered: \_\_\_\_\_ 2. Endorsement/Comity: \_\_\_\_\_ State: \_\_\_\_\_

What were the requirements for education at the time the license was issued?

\_\_\_\_\_  
\_\_\_\_\_

Are there any pending complaints against this licensee?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have there been any other actions taken against this licensee?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation of above if answer is yes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

State Board Seal

Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_



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